

EXHIBIT A

JUN 14 2002

Traditional IRA Transfer/Rollover Form

RECEIVED
JUN 13 2002
RETIREMENT ACCOUNTS, INC.



**RETIREMENT
ACCOUNTS, INC.**

Retirement Accounts, Inc.
717 17th Street, Suite 1700
Denver, Colorado 80202-3323
1-800-325-4352

Please Direct mail to:
P.O. Box 173785
Denver, CO 80217-3785
303-294-5959

(Please do not use this form for Roth IRA conversions or transfers.)

Section 1 - Current (Resigning) Trustee Information Complete for Transfers and Direct Rollovers (Please type or print in black ink.)

Note: Please complete all sections or your request may be delayed.)

Current (Resigning) Trustee

Mailing Address

1416 Harbour Point Dr.
City / State / Zip North Palm Beach FL 33410

Superweb Press Def Benefit Plan
Current (Resigning) Trustee Bernard Madoff
Account Number 1-ZB039-3

Telephone (include area code)
(561) 691-0220

Section 2 - IRA Account Owner Information (Please type or print in black ink.)

Your Name

Mailing Address

City / State / Zip

Marsha Peshkin
1416 Harbour Point Dr.
North Palm Beach, FL 33410

Retirement Accounts, Inc. #

(If new account, attach application)

Social Security #

Date of Birth

Telephone (home)

7/25/1953
561-691-0220

(business)

SAME

Section 3 - Transfer/Direct Rollover/Rollover Option

This will be a (choose one):

- ☐ Transfer: Describes the movement of cash and/or assets directly between IRA Trustees without distribution to an individual. As such, no tax forms are generated by either Trustee.
- ☒ Direct Rollover: Describes a movement of cash and/or assets that takes place directly between the Trustee of a business retirement plan (such as a profit sharing, money purchase, defined benefit, etc.), or the administrator of a 403(a) or (b) annuity, and the Trustee of an IRA. By directly rolling an eligible rollover distribution to this Retirement Accounts, Inc. (RAI) IRA (as opposed to receiving an outright distribution as described below under "Rollover"), an individual can avoid the mandatory 20% federal income tax withholding imposed on such distributions.
- ☐ Rollover: Describes a cash and/or asset contribution to an IRA by an individual within sixty (60) days of receipt of the eligible rollover distribution. To make a rollover, an individual must have received an eligible distribution directly from the Trustee of a business retirement plan (such as a profit sharing, money purchase, defined benefit, etc.). The individual may roll over all or any part of the actual amount received and, if the distribution was from a business retirement plan or 403(a) or (b) annuity (thus subject to the mandatory 20% federal income tax withholding), he/she may roll over up to 100% of the distribution by making up the 20% difference that was previously withheld.

Section 4 - Asset List and Instructions

Please complete all information requested below. Please provide a copy of your most recent account statement with the current (resigning) Trustee for your assets with this form. This transfer or direct rollover will be a (choose one):

<input checked="" type="checkbox"/> Complete Transfer		<input type="checkbox"/> Partial Transfer			
<input type="checkbox"/> Liquidate all assets and transfer cash to RAI		<input type="checkbox"/> Cash only \$			
<input type="checkbox"/> Reregister all assets and transfer cash balance		<input type="checkbox"/> Follow individual asset instructions below			
<input type="checkbox"/> Follow individual asset instructions below					

Liquidate	Reregister	Asset Description	Specify all or # of shares	Acct. #	Approx. Value
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Madoff Acct #	ALL	1-ZB039-3	\$730,000
<input type="checkbox"/>	<input type="checkbox"/>	000 990 309			
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

THIS FORM MUST BE SIGNED ON PAGE 2.
(Continued on the reverse side.)

RAI IRA Transfer/Rollover Form (continued)

Please reregister assets and/or send checks to

Retirement Accounts, Inc. (TTE)

FBO Marshall Esik (Account Owner's name)

RAI Account # _____

P.O. Box 173785

Denver, CO 80217-3785

Make checks payable to Retirement Accounts, Inc. *

RAI's Tax ID number is 84-1314088.

*RAI reserves the right to hold any check over \$100,000 up to 7 days to ensure proper clearing. If you have an immediate purchase, you may want to wire the funds to RAI.

For wiring or overnight delivery of funds, please check a box below.

☐ Please wire funds to:

Bank of New York

ABA #021000018

To Credit Retirement Accounts

Account #8900382740

FFC (For Further Credit)

Client Name _____

Account # _____

☐ Please overnight funds to:

Retirement Accounts, Inc.

717 17th St., Suite 1700

Denver, CO 80202-3323

Section 5 - Broker-Dealer Information

It is important that this section be completed so that your Designated Representative will continue to receive information from the fund or partnership.

Dealer Name _____

Dealer Number _____

Branch Number _____

Branch Address _____

Designated Representative's Name _____

Designated Representative Number _____

Designated Representative's

Phone Number _____

Designated Representative's

Signature **X** _____

Date _____

Section 6 - Signatures

I certify that I have read the description for the transaction I have chosen and understand and agree to all its terms. In the case of a transfer or direct rollover, the Current (Resigning) Trustee is authorized to send cash and/or assets to RAI as specified. In the case of a rollover, I understand it is solely my responsibility to determine the validity of any rollover contribution and to initiate and make such rollover deposit. By execution of this form, I waive and will hold RAI harmless from any and all claims, including but not limited to damages, court costs, legal fees and cost of investigation arising as a result of the IRA transfer, direct rollover, or rollover transaction(s) associated with this form.

IRA Account Owner's

Signature **X** Marshall Esik

Date 6/11/02

Signature Guaranteed by _____

Name of Firm or Bank _____

Signature of Officer

and Title **X** _____

Age 70½ Notice

If you are age 70½ or older in this calendar year (or are a spouse-beneficiary of such individual), you must receive the required minimum distribution from the transferring/distributing plan. Therefore, you may only transfer or roll over amounts other than the required minimum distribution. Please contact your tax advisor and current trustee regarding payment of the minimum distribution.

Acceptance by Retirement Accounts, Inc.

(To be completed by Retirement Accounts, Inc.)

Retirement Accounts, Inc. hereby accepts the appointment as Trustee of the assets listed on this form. This acceptance is not to be construed as validation of any rollover or direct rollover contribution, if any.

By (Authorized Signature) _____

Title RETIREMENT ACCOUNTS, INC.

Date _____

BY: W. Esik

Authorized Signer

JUN 14 2002

Checklist

Please make sure that you have completed all of the following:

- ☐ Current (Resigning) Trustee Information (Section 1).
- ☐ Account Owner Information (Section 2).
- ☐ Transfer/Direct Rollover/Rollover Option (Section 3).
- ☐ Asset List and Instructions (Sections 4).
- ☐ Current Trustee Account Statement.
- ☐ Signatures (Section 6).

RAI IRA Transfer/Rollover Form (continued)

Please reregister assets and/or send checks to

Retirement Accounts, Inc. (TTE)

FBO Marshall Peskin (Account Owner's name)

RAI Account # _____

P.O. Box 173785

Denver, CO 80217-3785

Make checks payable to Retirement Accounts, Inc. *

RAI's Tax ID number is 84-1314088.

*RAI reserves the right to hold any check over \$100,000 up to 7 days to ensure proper clearing. If you have an immediate purchase, you may want to wire the funds to RAI.

For wiring or overnight delivery of funds, please check a box below.

☐ Please wire funds to:

Bank of New York

ABA #021000018

To Credit Retirement Accounts

Account #8900382740

FFC (For Further Credit)

Client Name _____

Account # _____

☐ Please overnight funds to:

Retirement Accounts, Inc.

717 17th St., Suite 1700

Denver, CO 80202-3323

Section 5 - Broker-Dealer Information

It is important that this section be completed so that your Designated Representative will continue to receive information from the fund or partnership.

Dealer Name _____

Dealer Number _____

Branch Number _____

Branch Address _____

Designated Representative's Name _____

Designated Representative Number _____

Designated Representative's

Phone Number _____

Designated Representative's

Signature ☒ _____

Date _____

Section 6 - Signatures

I certify that I have read the description for the transaction I have chosen and understand and agree to all its terms. In the case of a transfer or direct rollover, the Current (Resigning) Trustee is authorized to send cash and/or assets to RAI as specified. In the case of a rollover, I understand it is solely my responsibility to determine the validity of any rollover contribution and to initiate and make such rollover deposit. By execution of this form, I waive and will hold RAI harmless from any and all claims, including but not limited to damages, court costs, legal fees and cost of investigation arising as a result of the IRA transfer, direct rollover, or rollover transaction(s) associated with this form.

IRA Account Owner's

Signature ☒ _____

Date _____

Signature Guaranteed by _____

Name of Firm or Bank _____

Signature of Officer _____

and Title ☒ _____

Age 70½ Notice

If you are age 70½ or older in this calendar year (or are a spouse-beneficiary of such individual), you must receive the required minimum distribution from the transferring/distributing plan. Therefore, you may only transfer or roll over amounts other than the required minimum distribution. Please contact your tax advisor and current trustee regarding payment of the minimum distribution.

Acceptance by Retirement Accounts, Inc.

(To be completed by Retirement Accounts, Inc.)

Retirement Accounts, Inc. hereby accepts the appointment as Trustee of the assets listed on this form. This acceptance is not to be construed as validation of any rollover or direct rollover contribution, if any.

By (Authorized Signature) _____

Title RETIREMENT ACCOUNTS, INC.

Date _____

BY: _____

Authorized Signer

JUN 14 2002

Checklist

Please make sure that you have completed all of the following:

- ☐ Current (Resigning) Trustee Information (Section 1).
- ☐ Account Owner Information (Section 2).
- ☐ Transfer/Direct Rollover/Rollover Option (Section 3).
- ☐ Asset List and Instructions (Sections 4).
- ☐ Current Trustee Account Statement.
- ☐ Signatures (Section 6).